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To:
- NHS trust and NHS foundation trust chief executives
- ICB chief executives
- NHS regional directors
- NHS England endoscopy clinical transformation leads

cc.
- Cancer Alliances

NHS England
Wellington House
133-155 Waterloo Road
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SE1 8UG

6 October 2022

Dear Colleague

Re Using Faecal Immunochemical Testing (FIT) in the Lower Gastrointestinal (GI) pathway

We are writing to thank you and your teams for all your work to date to implement FIT in the lower gastrointestinal (GI) urgent cancer pathway, and to outline expectations following the recently published British Society of Gastroenterology (BSG) & Association of Coloproctology of Great Britain & Ireland (ACPGBI) FIT guidance.

Use of FIT is identified as a priority in the NHS Priorities and Operational Planning Guidance (page 15) .

Alongside this letter, we have written to all General Practitioners outlining how the BSG/ACPGBI guidance should be implemented in primary care. That letter is attached at Annex A.

The benefits of FIT testing

Comprehensive use of FIT in NG12 patients is critical to improving bowel cancer survival in England, ensuring patients on the lower GI pathway can be diagnosed promptly and using our available colonoscopy capacity in the most effective way.

Waits on the lower GI pathway have lengthened more than for any other tumour group since the pandemic. In parallel, we know that around two thirds of lower GI referrals have not had a recent FIT test, despite 80% of symptomatic patients who undergo a FIT having a negative result (fHb <10µg Hb/g). The risk of colorectal cancer in those with a negative result, a normal examination and full blood count is <0.1%. This is lower than the general population risk.

This presents a significant opportunity for change. By fully implementing the use of FIT in the symptomatic lower GI pathway we will be able to spare patients unnecessary colonoscopies, releasing the capacity to decompress the symptomatic lower GI pathway and ensure the most urgent symptomatic patients are seen more quickly.

Using the FIT result at clinical triage in secondary care

For patients referred on an urgent cancer pathway, it is essential that the FIT result is used by lower GI triage teams to determine the appropriate onward pathway for the patient.

Patients with a FIT fHb <10µg Hb/g

The BSG/ACPGBI FIT guidance recommends GPs take responsibility for managing those with a FIT fHb <10µg Hb/g and no ongoing clinical concerns in primary care. Secondary care should make sure systems are in place for GPs to easily access advice and guidance to inform their referral decision. However, while this change is taking place, it is likely that secondary care teams will continue to receive urgent lower GI referrals accompanied by a negative FIT result.

Where patients with a FIT fHb <10ug Hb/g are referred to secondary care and it is agreed at clinical triage, based on referral information which is confirmed following direct communication with the patient, that there are no ongoing reasons for clinical concern, secondary care teams should not offer an endoscopic investigation but should consider the following options:

- Following a consultation where it is communicated with the patient that they are no longer being investigated for potential cancer, discharge the patient from the lower GI pathway for safety netting delivered by primary care or secondary care. This will be a clock stop for the Faster Diagnosis Standard.
- If ongoing non-cancer related clinical concerns remain at this point, secondary care clinicians can consider moving the patient to a routine pathway.
- Where suspicion of a cancer other than colorectal cancer remains, the patient can be referred to another cancer speciality or a non-specific symptoms pathway, in which cases the patient would remain on the Faster Diagnosis Cancer pathway.
- Secondary care providers can manage FIT negative patients in an outpatient setting following referral on a non-urgent pathway. For example, the North Central London Cancer Alliance has developed a FIT negative non–urgent referral pathway, as has Oxford University Hospitals NHS Foundation Trust.

Those who are participating in the Colon Capsule Endoscopy pilot should continue offering capsules to those with a FIT between fHb10-100 µg Hb/g in line with pilot clinical guidance.

Full FIT implementation is already delivering benefits. In North Tees & Hartlepool NHS FT, FIT implementation has contributed to a 9% increase in colorectal cancer detection, alongside a 24% fall in demand for symptomatic colonoscopies. Cancer Alliances have been funded to support FIT implementation and should be the first source of support where there are barriers around administrative processes or lab capacity.

Thank you again for all your progress in implementing FIT in the LGI pathway. This work will make a real difference to those patients with symptoms of bowel cancer, support us to move towards our Long Term Plan goal of diagnosing 75% of cancers at an early stage and make sure everyone has access to timely and appropriate care.

Yours sincerely,

Dr Amanda Doyle
National Director for Primary Care and Community Services
NHS England

Professor Stephen Powis
National Medical Director
NHS England

Professor Peter Johnson
National Clinical Director for Cancer
NHS England

Dr Robert Logan
National Specialty Advisor for Endoscopy
NHS England

Professor Willie Hamilton
Professor of Primary Care Diagnostics
University of Exeter

Annex A

To:
- GP Practices and primary care network leads
- NHS regional directors
- ICB chief executives
- Cancer Alliances

NHS England
Wellington House
133-155 Waterloo Road
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5 October 2022

Dear Colleague

Re Using Faecal Immunochemical Testing (FIT) in the Lower Gastrointestinal (GI) pathway

We are writing to thank you and your teams for all your work to date to implement FIT in the lower gastrointestinal (GI) urgent cancer pathway, and to outline how the recently published British Society of Gastroenterology (BSG) & Association of Coloproctology of Great Britain & Ireland (ACPGBI) FIT guidance should be applied.

Use of FIT is identified as a priority in the NHS Priorities and Operational Planning Guidance (page 15) .

The benefits of FIT testing

Comprehensive use of FIT in NG12 patients is critical to improving bowel cancer survival in England, ensuring patients on the lower GI pathway can be diagnosed promptly and using our available colonoscopy capacity in the most effective way.

Waits on the lower GI pathway have lengthened more than for any other tumour group since the pandemic. In parallel, we know that around two thirds of lower GI referrals have not had a recent FIT test, despite 80% of symptomatic patients who undergo a FIT having a negative result (fHb <10µg Hb/g). The risk of colorectal cancer in those with a negative result, a normal examination and full blood count is <0.1%. This is lower than the general population risk.

This presents a significant opportunity for change. By fully implementing the use of FIT in the symptomatic lower GI pathway we will be able to spare patients unnecessary colonoscopies, releasing the capacity to decompress the symptomatic lower GI pathway and ensure the most urgent symptomatic patients are seen more quickly.

BSG/ACPGBI guidance

The British Society of Gastroenterology (BSG) and the Association of Coloproctology of Great Britain and Ireland (ACPGBI) have produced new joint guidance on use of FIT in patients with signs or symptoms of suspected colorectal cancer.

All GPs should now implement the recommendations in this NICE accredited, evidence-based guidance, in full. In particular, the guidance recommends the use of FIT in primary care for patients presenting with all NG12 suspected colorectal cancer symptoms except those with an anal/rectal mass or anal ulceration.

The guidance also recommends that those with a FIT of fHb <10µg Hb/g, a normal full blood count, and no ongoing clinical concerns are **not** referred on a lower GI urgent cancer pathway but are managed in primary care or referred on an alternative pathway. Where patients are not referred, appropriate safety netting must be in place.

For safety netting, clinical teams should consider:

- Providing the patient with clear information about who to contact if they develop new symptoms or if their existing symptoms worsen.

- Using advice and guidance via eRS to guide management of patients with persistent or troublesome symptoms.

- Offering a second FIT test if ongoing clinical concerns remain. Results from a recent study show patients with two negative FIT test results have a colorectal cancer risk of <0.04%[1].

- Referral to a non-specific-symptoms urgent cancer pathway, if appropriate and there are ongoing concerns about possible cancer.

- Management of FIT negative patients in an outpatient setting following referral on a non-urgent pathway. For example, the North Central London Cancer Alliance has developed a FIT negative, non–urgent referral pathway, as has Oxford University Hospitals NHS Foundation Trust.

These recommendations are already followed by many GP practices across the country which have fully implemented use of FIT in primary care to guide referrals of those with lower GI symptoms. In North Tees & Hartlepool NHS FT, FIT implementation has contributed to a 9% increase in colorectal cancer detection, alongside a 24% fall in demand for symptomatic colonoscopies. Cancer Alliances have been funded to ensure this approach can be adopted by all GP practices, and should be the first source of support where there are barriers around administrative processes, lab capacity, or patient adherence.

[1]Hunt N, Rao C, Logan R, et al. A cohort study of duplicate faecal immunochemical testing in patients at risk of colorectal cancer from North-West England. BMJ Open 2022;12:e059940. doi:10.1136/bmjopen-2021-059940

Patients should be provided with advice on the importance of completing a FIT test. Cancer Research UK has developed resources to support clinicians deliver this message. We also recommend that text message reminders are built into the pathway to encourage patients to complete and return their FIT kit.

For those referred on an urgent cancer pathway, it is essential that the FIT result is included on the referral form so that it can be used by lower GI triage teams to determine the appropriate onward pathway for the patient.

Thank you again for all your progress in implementing FIT in the lower GI pathway. This work will make a real difference to those patients with symptoms of bowel cancer, support us to move towards our Long Term Plan goal of diagnosing 75% of cancers at an early stage and make sure everyone has access to timely and appropriate care.

Yours sincerely,

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